



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

May 12, 2008

**H.R. 5729**  
**Spina Bifida Health Care Program Expansion Act**

*As ordered reported by the House Committee on Veterans' Affairs  
on April 30, 2008*

H.R. 5729 would authorize the Department of Veterans Affairs (VA) to expand the health care benefits provided to the children, born with spina bifida, of certain veterans. CBO estimates that implementing the bill would cost \$11 million over the 2009-2013 period, assuming appropriation of the estimated amounts. Enacting the bill would have no effect on direct spending or revenues.

Spina bifida is a congenital condition in which the spine fails to close completely and can lead to severe neurological damage and mobility impairments. Under two sections of current law (38 U.S.C. 1803 and 38 U.S.C. 1821), the children of Vietnam and Korean war veterans who were born with spina bifida are eligible for VA health care related to that condition. H.R. 5729 would expand that benefit and allow them to receive comprehensive health care through VA. (The bill amends 38 U.S.C. 1803, which addresses children of Vietnam veterans. However, 38 U.S.C. 1821 requires that the same benefits be provided to eligible children of veterans of the Korean war.)

In 2007, VA provided health care related to spina bifida to about 745 beneficiaries at an average cost of \$22,000 per person; that population has remained fairly stable in recent years. Based on information from VA about the population and the wide range and complexity of conditions related to spina bifida, CBO estimates that VA currently provides about 90 percent of the comprehensive health care needs of this population. CBO expects that the expansion of benefits under H.R. 5729 would not significantly increase the number of individuals seeking care for spina bifida from VA. We expect that people who do not currently use VA's services under this program would prefer to maintain continuity of care with their current health care providers.

CBO estimates that under the bill, VA would provide comprehensive care to beneficiaries it already serves at an added cost of \$2,500 per person in 2009, for a total of \$2 million, assuming appropriation of the necessary amounts. After adjusting for inflation, CBO estimates those costs would rise to \$3,400 per person by 2013, for a total of \$3 million, assuming appropriation of the necessary amounts.

H.R. 5729 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Sunita D'Monte. This estimate was approved by Theresa Gullo, Deputy Assistant Director for Budget Analysis.